



Logical Choice, LLC.
Outreach and Referral
5575 Conner Suite 210 Detroit, MI 48213
Phone 313.643.5542 Fax 248.522.7045

Date: _____

Referring Agency/Individual: _____

Address: _____

Telephone: _____

Name of Youth: _____

Date of Birth: _____

Name of Parent/Legal Guardian: _____

Address: _____

General Directions: _____

Telephone: Home _____ Work _____ Cell _____

Email (If Applicable): _____

Best Time to contact: _____

Reason for Referral:

Special Needs/Concerns:

Signature of Referring Individual: _____

Date: _____

Please do not write below this line.

Date Received:

By Whom:

Date Assigned:

Therapist/Case Manager:

Signature & Date: _____